

POWER OF ATTORNEY

Starion Instruments Corporation
assignee(s) of the application for United States Letters Patent for
Power Supply for Identification and Control of Electrical Surgical Tools
invented by Thomas A. Howell

☐ filed herewith, or ☒ having Serial No. 10/099,500, filed March 13, 2002
a copy of the assignment of which is attached hereto, do(es) hereby appoint as attorneys of
record with full power of substitution and revocation, to prosecute this application and transact
all business in the Patent and Trademark Office connected therewith:

Practitioners at Customer Number 23371.

Please send correspondence to:

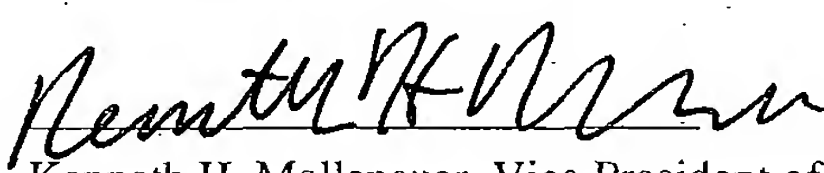
The above mentioned Customer Number.

I, the undersigned, declare that I am the (an) assignee of the above-identified application or, if the
assignee is a corporation, partnership or other association, I am authorized to make this
appointment on behalf of the assignee and I further declare that all statements made herein of my
own knowledge are true and that all statements made on information and belief are believed to be
true; and further that these statements were made with the knowledge that willful false
statements and the like so made are punishable by fine or imprisonment, or both, under section
1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize
the validity of the application or any patent issuing thereon.

Assignee's Name: Starion Instruments Corporation

Assignee's Address: 20665 Fourth Street, Saratoga, CA 95070

Signature:

Declarant's Name:  Date: April 25, 2002

Declarant's Address: 20665 Fourth Street, Saratoga, CA 95070

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am



the owner of the small business concern identified below:



an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Starion Instruments Corporation

ADDRESS OF CONCERN: 20665 Fourth Street, Saratoga, CA 95070

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed, to and remain with the small business concern identified above with regard to the invention, entitled Power Supply for Identification and Control of Electrical Surgical Tools invented by: Thomas A. Howell

and described in ☐ the specification filed herewith or ☒ the application serial no. 10/099,500
filed on March 13, 2002 or ☐ U.S. Patent No. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business-concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME OF CONCERN: _____

ADDRESS OF CONCERN: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME OF CONCERN: _____

ADDRESS OF CONCERN: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Kenneth H. Mollenauer

TITLE OF PERSON SIGNING: Vice President of Research and Development

ADDRESS OF PERSON SIGNING: 20665 Fourth Street, Saratoga, CA 95070

SIGNATURE

Kenneth H. Mollenauer

DATE: April 25, 2002